

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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Form C-103
Revised 10-1-73

MAY 04 1983

O. C. D.

ARTESIA, OFFICE

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. Indicate Type of Lease
State ☒ For ☐

2. State Oil & Gas Lease No.
L-324

3. Oil ☒ Gas ☐ Other ☐

4. Name of Operator
Mesa Petroleum Co. ☒

5. Address of Operator
P O Box 2009 / Amarillo, TX 79189

6. Location of Well
UNIT LETTER L 1980 FEET FROM THE South LINE AND 610 FEET FROM
THE West LINE, SECTION 32 TOWNSHIP 20S RANGE 28E N.M.P.M.

7. Field and Pool, or Wildcat
Undes Burton Flats Del

8. Elevation (Show whether DF, RT, GR, etc.)
3213.7' GR

9. County
Eddy

10. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER TD, 5 1/2" csg & cement ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

11. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Drilled 7 7/8" hole to TD of 4050' on 4-27-83. Ran 101 jts 5 1/2", 14#, J-55, ST&C casing set at 4050'. Cemented with 550 sx "C" + 5# KCl + 6/10% D-19 + 1/4# cello-flakes. PD at 0700 4-28-83. Cement did not circulate. Released rig at 1400 hours 4-28-83. WOCU.

XC: NMOC-D-A (O+2), CEN RCDS, ACCTG, MAT CONT, OPS(FILE), MIDLAND, HOBBS, PARTNERS

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature]

TITLE REGULATORY COORDINATOR

DATE 4-29-83

APPROVED BY _____

Original Signed By
Lochie A. Clements
Supervisor District II

DATE MAY 09 1983

CONDITIONS OF APPROVAL, IF ANY: